

**Targeted Case Management and Rehabilitative Services
Provider Type 23
907 KAR 1:011**

Information about the program:

Prerequisites:

- Title V agency designation (Department for Public Health)
- Provider must have a signed inter-agency agreement.
- Provider must be based in Kentucky.
- Cabinet for Health and Family Services is the enrolled entity.
- Provider can only be an entity - NO INDIVIDUALS

Additional information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- W-9
- NPI and Taxonomy Verification

Important addresses:

- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602